2004 NOT-FOR-PROFIT CORPORATION

FILED Feb 24, 2004 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # N41305 ** ** 1. Entity Name 02-24-2004 90016 011 ****70.00 MT. MORIAH MISSIONARY BAPTIST CHURCH OF OCALA, INC. Principal Place of Business Mailing Address 55 S.W. THIRD AVENUE P O BOX 2883 OCALA FL 32671-2002 **OCALA FL 34478** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2392080 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORDHAM, EDMOND L Street Address (P.O. Box Number is Not Acceptable) 1711 N.W. 18TH AVE OCALA FL 34474 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Edmond L. Fordhan - Chair Trustes Board (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Secretary Braddon MARY L. Braddon 1804 NW 24th AUENINE TITLE Delete TITLE **Addition** Change BROWN, OSCAR NAME NAME 2810 N.W. MARTIN L. KING DRIVE STREET ADDRESS STREET ADDRESS Ocala FL 34475 **OCALA FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F Delete TITLE ☐ Addition FORDHAM, EDMOND 1711 NW 18TH AVENUE STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition WASHINGTON, FRANK JR. ---NAME NAME 2030 SW 7TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE Delete TITLE Change Addition LONG, BONITA O NAME NAME 2310 SW 7TH ST STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

OCALA FL 34474

1807 SW 5TH PL

OCLAL FL 34474

RAWLS, ANGELA

OCALA FL 34880

6725 SE 38TH COURT

THOMAS, ROBERT M

☐ Delete

☐ Delete

Edmond Lifordhan 2/05/04 352-622-9882
OFFICER OR DIRECTOR
Date
Daylime Prone #

___ Change

☐ Change

☐ Addition

☐ Addition